

Stephen Bartels, M.D.

Gary Kennedy, M.D. *President-Elect*

President

William E. Reichman, M.D. Past President

Anand Kumar, M.D. *Treasurer*

Jacobo Mintzer, M.D. *Treasurer-Elect*

David Greenspan, M.D. Secretary

Members of the Board

George Alexopoulos, M.D.
Nathan Billig, M.D.
Dan G. Blazer, M.D.
Chris Colenda, M.D., M.P.H.
Robert Greenberg, M.D.
Patricia A. J. Kay, M.D.
Gary S. Moak, M.D.
Bruce G. Pollock, M.D., Ph.D.
Sandra S. Swantek, M.D.

Christine M. deVries Executive Director

Annual Meeting: February 24-27, 2002

Publications: American Journal of Geriatric Psychiatry and Geriatric Psychiatry News July 20, 2001

Honorable John D. Dingell U.S. House of Representatives Washington, DC 20515

Dear Congressman Dingell:

On behalf of the American Association for Geriatric Psychiatry (AAGP), I am writing to express our strong support for the new patients' bill of rights (H.R. 526), which you have introduced with Representatives Greg Ganske, Charlie Norwood, and Marian Berry. We commend you for your leadership.

The bipartisan support for this legislation represents a breakthrough on behalf of patients' rights. This is strong legislation that will bring real protections to our patients. Your bill provides essential protections for all consumers in the private health insurance marketplace. AAGP is particularly pleased that the legislation contains provisions ensuring continuity of care for people with special health care needs and chronic conditions. Among other things, H.R. 526 assures timely appeals, reforms the utilization review process to require the use of properly trained personnel and guarantees access to emergency and urgent care services (which is of specific concern to adults with severe mental illnesses and children with serious emotional disturbances).

This legislation includes much needed patient protections, strong reforms of the managed care industry and due process protections for providers. It permits persons who have been injured by negligent decisions of health plans that delay or deny care to hold plans legally accountable. This includes persons with mental injury as well as those with physical injury. We believe that removal of ERISA's special exemption from legal accountability will be a strong incentive for health plans to deliver clinically necessary care, obviating the need for lawsuits.

H.R. 526 also includes the requirement that those in closed panel health plans be offered a point of service plan at the time of enrollment, enabling care outside of a network. The bill includes a pro-competitive provision banning health plans from excluding a class of providers based solely on licensure. Medical necessity decisions would be made by clinical peers in a fair and independent appeals process, moving the system away from some of its worst abuses.

Given the history of insurance discrimination against people with mental disorders and the serious problems associated with the delivery of mental health care by HMOs, the "Bipartisan Patient Protection Act of 2001", H.R. 526, represents a critical step forward. We strongly support its passage by the

House of Representatives when patients' rights legislation is considered later this month.

Sincerely,

Stephen Bartels, MD

President

American Association for Geriatric Psychiatry